Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

OMB No 1545-0047 2016

DLN: 93493051002318

چ			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue foundations)		2010		
						C	Open to Public Inspection
A F	or th	e 2016 ca		017	_		
□ Ad	dress	change	C Name of organization ACCURACY IN MEDIA		D Employer 23-71358		ication number
		-	Doing business as		•		
Fin Detur		minated -			E Telephone i	number	
			Number and street (or P O box if mail is not delivered to street address) Room/suite 4350 EAST WEST HIGHWAY NO 555		(202) 364		
□Ар	plicati	on pending .	City or town, state or province, country, and ZIP or foreign postal code		- (202) 30 1	1101	
			BETHESDA, MD 20814		G Gross recei	pts \$ 1,	,200,453
		Γ	F Name and address of principal officer	(a) Is this	s a group retu	rn for	
			4350 EAST WEST HIGHWAY NO 555				□Yes ☑No
	k-exer	mpt status		` includ	led?		☐ Yes ☐No
_ J W	ebsit						
K Forn	n of o	rganızatıon	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	ear of form	ation 1971 M	State	of legal domicile DC
Pa			•		· · · · · · · · · · · · · · · · · · ·		
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Шa							
Governance	2	Check this	s box $lacktriangle$ if the organization discontinued its operations or disposed of more	than 25%	of its net ass	ets	
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~ %	l					4	7
Activities &	l					6	10
Act	l		, ,			7a	0
	l		• • • • • • • • • • • • • • • • • • • •			7b	0
					or Year		
				l			Current Year
<u>ā</u>	l		- ' '		608,27	5	514,942
ēnuē/	9	Program s	service revenue (Part VIII, line 2g)		608,27 14	8	514,942 0
Ravenue	9 10	Program s Investmer	service revenue (Part VIII, line 2g)		608,27 14 42,39	8	514,942 0 159,107
	9 10 11	Program s Investmen Other reve	service revenue (Part VIII, line 2g)		608,27 14 42,39 3,01	8 0 1	514,942 0 159,107 -2,521
	9 10 11 12	Program s Investmer Other reve Total reve	service revenue (Part VIII, line 2g)		608,27 14 42,39 3,01 653,82	8 0 1	514,942 0 159,107 -2,521 671,528
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Expenses R	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investmen Other reve Total reve Grants and Benefits p Salaries, c a Profession Total fundra Other expe Total expe Revenue le	service revenue (Part VIII, line 2g)	Beginning	608,27 14 42,39 3,01 653,82 517,65 452,55 970,20 -316,38 of Current Yea	8 0 0 1 1 4 4 0 0 0 0 0 6 6 0 0 0 0 0 6 8 8 8 4 4 4 F F 8 8	514,942 0 159,107 -2,521 671,528 0 0 566,696 0 531,050 1,097,746 -426,218 End of Year
Expenses R	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investmen Other reve Total reve Grants and Benefits p Salaries, c a Profession Total fundra Other exp Total expe Revenue le	service revenue (Part VIII, line 2g)	Beginning	608,27 14 42,39 3,01 653,82 517,65 452,55 970,20 -316,38 of Current Yea 2,577,23 105,49	8 0 0 1 1 4 4 0 0 0 0 0 6 6 0 0 0 0 2 2 8 8 4 4 7 r 8 8 4 4	514,942 0 159,107 -2,521 671,528 0 0 566,696 0 531,050 1,097,746 -426,218 End of Year 2,224,433 103,343
Net Assets or Expenses R Fund Balances	Do not enter social security numbers on this form as it may be made public Normer Service		608,27 14 42,39 3,01 653,82 517,65 452,55 970,20 -316,38 of Current Yea	8 0 0 1 1 4 4 0 0 0 0 0 6 6 0 0 0 0 2 2 8 8 4 4 7 r 8 8 4 4	514,942 0 159,107 -2,521 671,528 0 0 566,696 0 531,050 1,097,746 -426,218 End of Year		
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Form	990 (20	016)					Page 2
Par	t III	Statement	of Program Service	Accomplisi	hments		
		Check If Sched	dule O contains a respor	nse or note to a	any line in this Part III		🗹
1	Briefly		rganızatıon's mıssıon				
TO M	ONITOR	THE ACCURAC	CY OF NEWS REPORTING	ACTIVITIES E	BY THE MEDIA		
2	Did the	e organization i	undertake any significar	nt program serv	vices during the year wh	nich were not listed on	
	the pri	or Form 990 or	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes	," describe the	se new services on Sche	edule O			
3	Did the	e organization (cease conducting, or ma	ike significant o	changes in how it condu	cts, any program	
	service	es?					🗌 Yes 🗹 No
	If "Yes	," describe the	se changes on Schedule	0			
4	Section	n 501(c)(3) and		ns are required	to report the amount of	argest program services, as measu f grants and allocations to others, t	
4a	(Code) (Expenses \$	579,342	including grants of \$) (Revenue \$)
	See Ad	ditional Data					
4b	(Code) (Expenses \$	12,817	ıncludıng grants of \$) (Revenue \$)
	See Ad	ditional Data					
4c	(Code) (Expenses \$	28,489	ıncludıng grants of \$) (Revenue \$)
	See Ad	ditional Data					
	(Code) (Expenses \$	42,526	ıncludıng grants of \$) (Revenue \$)
	AIA SU	PPORT					
	Other	program servic	tes (Describe in Schedul				
4d					_	\	
4d	(Exper	nses \$	42,526 inclu	ding grants of	\$) (Revenue \$)

or X as applicable

Section 501(c)(3) organizations.

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😼 . . .

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 👺 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

2 Yes

No

Page 3

No

Nο

Nο

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Form **990** (2016)

Yes

Yes

Yes

Yes

Yes

Yes

29

Part IV Checklist of Required Schedules (continued) Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20b 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 22

Nο Nο

Page 4

23

24a

24b

24c

24d

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25b

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28a

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28c

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Yes

Yes

Form 990 (2016)

Nο Νo

Nο

Νo

Nο

b Enter c Did the (gamb 2a Enter Tax Si this re b If at le Note. 3a Did th b If "Yes 4a At any finance b If "Yes 5ee in 5a Was ti b Did ar c If "Yes 6a Does to solicit b If "Yes c Did th provid b If "Yes c Did th form d If "Yes e Did th f Did th g If the requir h If the 1098- 8 Spons Did a the yes 9a Did th	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this P the number reported in Box 3 of Form 1096 Enter -0- if not applicable the number of Forms W-2G included in line 1a Enter -0- if not applicable e organization comply with backup withholding rules for reportable payments to bling) winnings to prize winners? the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered by the sum of lines 1a and 2a is greater than 250, you may be required to e-file e organization have unrelated business gross income of \$1,000 or more during s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanal than time during the calendar year, did the organization have an interest in, or a si inal account in a foreign country (such as a bank account, securities account, or s," enter the name of the foreign country structions for filing requirements for FinCEN Form 114, Report of Foreign Bank the organization a party to a prohibited tax shelter transaction at any time durin thy taxable party notify the organization that it was or is a party to a prohibited to s," to line 5a or 5b, did the organization file Form 8886-T? the organization have annual gross receipts that are normally greater than \$100 any contributions that were not tax deductible as charitable contributions? the organization have annual gross receipts that are normally greater than \$100 any contributions that were not tax deductible as charitable contributions? the organization receive deductible contributions under section 170(or e organization receive a payment in excess of \$75 made partly as a contribution	la lb o vendors 2a bloyment te (see institute year? tion in Sch ignature of other final and Finan and Finan and tax shelte 0,000, and at such cor	tax returns? ructions) redule O r other authority over, a ncial account)? ricial Accounts (FBAR) year? r transaction?	1c 2b 3a 3b 4a 5a 5b	Yes	No No
b Enter c Did th (gamb 2a Enter Tax Si this re b If at le Note. 3a Did th b If "Yes 4a At any finance b If "Yes 5ee in 5a Was ti b Did ar c If "Yes 6a Does to solicit b If "Yes c Did th provid b If "Yes c Did th form d If "Yes e Did th f Did th g If the requir h If the 1098- 8 Spons Did a the yes 9a Did th	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	la lb o vendors 2a bloyment te (see institute year? tion in Sch ignature of other final and Finan and Finan and tax shelte 0,000, and at such cor	and reportable gaming 10 ax returns? ructions) redule O r other authority over, a ncial account)? cical Accounts (FBAR) year? r transaction?	2b 3a 3b 4a	Yes	No No
b Enter c Did th (gamb 2a Enter Tax Si this re b If at le Note. 3a Did th b If "Yes 4a At any finance b If "Yes 5ee in 5a Was ti b Did ar c If "Yes 6a Does i solicit b If "Yes c Did th provid b If "Yes c Did th form d If "Yes e Did th form f Did th g If the requir h If the 1098- 8 Spons Did a the yes 9a Did th	the number of Forms W-2G included in line 1a Enter -0- if not applicable e organization comply with backup withholding rules for reportable payments to pling) winnings to prize winners? the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered by sturn If the sum of lines 1a and 2a is greater than 250, you may be required to e-file e organization have unrelated business gross income of \$1,000 or more during s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanate time during the calendar year, did the organization have an interest in, or a similal account in a foreign country (such as a bank account, securities account, or s," enter the name of the foreign country structions for filing requirements for FinCEN Form 114, Report of Foreign Bank the organization a party to a prohibited tax shelter transaction at any time during taxable party notify the organization that it was or is a party to a prohibited to s," to line 5a or 5b, did the organization file Form 8886-T? the organization have annual gross receipts that are normally greater than \$10 any contributions that were not tax deductible as charitable contributions? s," did the organization include with every solicitation an express statement that it deductible? histations that may receive deductible contributions under section 170(or include with every solicitations under section 170(or include with every s	1b o vendors 2a bloyment te (see institute year? tion in Sch ignature o other fina and Finar and the tax tax shelte	and reportable gaming 10 ax returns? ructions) redule O r other authority over, a ncial account)? cical Accounts (FBAR) year? r transaction?	2b 3a 3b 4a	Yes	No No
b Enter c Did th (gamb 2a Enter Tax Si this re b If at le Note. 3a Did th b If "Yes 4a At any finance b If "Yes 5ee in 5a Was ti b Did ar c If "Yes 6a Does i solicit b If "Yes c Did th provid b If "Yes c Did th form d If "Yes e Did th form f Did th g If the requir h If the 1098- 8 Spons Did a the yes 9a Did th	the number of Forms W-2G included in line 1a Enter -0- if not applicable e organization comply with backup withholding rules for reportable payments to pling) winnings to prize winners? the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered by sturn If the sum of lines 1a and 2a is greater than 250, you may be required to e-file e organization have unrelated business gross income of \$1,000 or more during s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanate time during the calendar year, did the organization have an interest in, or a similal account in a foreign country (such as a bank account, securities account, or s," enter the name of the foreign country structions for filing requirements for FinCEN Form 114, Report of Foreign Bank the organization a party to a prohibited tax shelter transaction at any time during taxable party notify the organization that it was or is a party to a prohibited to s," to line 5a or 5b, did the organization file Form 8886-T? the organization have annual gross receipts that are normally greater than \$10 any contributions that were not tax deductible as charitable contributions? s," did the organization include with every solicitation an express statement that it deductible? histations that may receive deductible contributions under section 170(or include with every solicitations under section 170(or include with every s	1b o vendors 2a bloyment te (see institute year? tion in Sch ignature o other fina and Finar and the tax tax shelte	and reportable gaming 10 ax returns? ructions) redule O r other authority over, a ncial account)? cical Accounts (FBAR) year? r transaction?	2b 3a 3b 4a		No No
c Did the (gamb) 2a Enter Tax Signature Signature Signature See in See i	e organization comply with backup withholding rules for reportable payments to bling) winnings to prize winners? the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered by sturn east one is reported on line 2a, did the organization file all required federal emplif the sum of lines 1a and 2a is greater than 250, you may be required to e-file e organization have unrelated business gross income of \$1,000 or more during s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation time during the calendar year, did the organization have an interest in, or a similal account in a foreign country (such as a bank account, securities account, or s," enter the name of the foreign country structions for filing requirements for FinCEN Form 114, Report of Foreign Bank the organization a party to a prohibited tax shelter transaction at any time during taxable party notify the organization that it was or is a party to a prohibited to s," to line 5a or 5b, did the organization file Form 8886-T? the organization have annual gross receipts that are normally greater than \$10 any contributions that were not tax deductible as charitable contributions? s," did the organization include with every solicitation an express statement that a deductible? histations that may receive deductible contributions under section 170(or include).	2a ployment to e (see institute of the year? the year? tion in Sch ignature of other final and Finan and	and reportable gaming	2b 3a 3b 4a		No No
(gamb 2a Enter Tax Si this re b If at le Note. 3a Did th b If "Yes 4a At any finance b If "Yes See in 5a Was ti b Did ar c If "Yes 6a Does a solicit b If "Yes c Did th provid c Did th form d If "Yes e Did th f Did th g If the requir h If the 1098- 8 Spons Did a the yes 9a Did th	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered by sturn	2a ployment to e (see institute year? tion in Schalagnature of other final and Finan and Finan and Finan and such core at such core	tax returns? ructions) redule O r other authority over, a ncial account)? ricial Accounts (FBAR) year? r transaction?	2b 3a 3b 4a		No No
Tax Si this re this re to Note. 3a Did the If "Yee 4a At any finance be If "Yee 5ee in 16 To 16	tatements, filed for the calendar year ending with or within the year covered by sturn	ployment to e (see institute the year? tion in School and Finance of the tax tax shelte	ax returns? ructions) redule O r other authority over, a ncial account)? ricial Accounts (FBAR) year? r transaction?	2b 3a 3b 4a	Yes	No No
b If at lea Note: 3a Did th b If "Yes 4a At any finance 5ee in 5e	east one is reported on line 2a, did the organization file all required federal emp. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file e organization have unrelated business gross income of \$1,000 or more during \$5," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanate time during the calendar year, did the organization have an interest in, or a simal account in a foreign country (such as a bank account, securities account, or \$5," enter the name of the foreign country structions for filing requirements for FinCEN Form 114, Report of Foreign Bank the organization a party to a prohibited tax shelter transaction at any time during taxable party notify the organization that it was or is a party to a prohibited \$5," to line 5a or 5b, did the organization file Form 8886-T?	bloyment to e (see institute of the year? the year? the year? the year? the year of the year.	ax returns? ructions) redule O r other authority over, a ncial account)? ricial Accounts (FBAR) year? r transaction?	2b 3a 3b 4a	Yes	No No
Note. 3a Did the Did the See in See	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file e organization have unrelated business gross income of \$1,000 or more during s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanate time during the calendar year, did the organization have an interest in, or a si ial account in a foreign country (such as a bank account, securities account, or structions for filing requirements for FinCEN Form 114, Report of Foreign Bank the organization a party to a prohibited tax shelter transaction at any time during taxable party notify the organization that it was or is a party to a prohibited s," to line 5a or 5b, did the organization file Form 8886-T?	e (see institute year? tion in Sch ignature o other fina and Finar and Finar tax shelte 0,000, and at such cor	ructions) nedule O r other authority over, a nicial account)? ricial Accounts (FBAR) year? r transaction?	3a 3b 4a	Yes	No
 Joid the second of th	e organization have unrelated business gross income of \$1,000 or more during s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanate time during the calendar year, did the organization have an interest in, or a similal account in a foreign country (such as a bank account, securities account, or s," enter the name of the foreign country structions for filing requirements for FinCEN Form 114, Report of Foreign Bank the organization a party to a prohibited tax shelter transaction at any time during taxable party notify the organization that it was or is a party to a prohibited tax," to line 5a or 5b, did the organization file Form 8886-T? the organization have annual gross receipts that are normally greater than \$10 any contributions that were not tax deductible as charitable contributions? s," did the organization include with every solicitation an express statement that x deductible? historical field a Form 990-T for this year? The second of the se	the year? tion in Sch ignature o other fina and Finan ing the tax tax shelte 0,000, and at such cor	r other authority over, a nicial account)?	3b 4a 5a		No
 4a At any finance b If "Yes See in 5a Was the Did are c If "Yes solicite b If "Yes not ta 7 Organ a Did the provide b If "Yes on ta c Did the Form d If "Yes on ta e Did the Form d If the require h If the 1098- 8 Sponsolid a the yes 9a Did the 	time during the calendar year, did the organization have an interest in, or a signal account in a foreign country (such as a bank account, securities account, or s," enter the name of the foreign country. In the organization a party to a prohibited tax shelter transaction at any time during taxable party notify the organization that it was or is a party to a prohibited tax," to line 5a or 5b, did the organization file Form 8886-T? In the organization have annual gross receipts that are normally greater than \$10 any contributions that were not tax deductible as charitable contributions? In the organization include with every solicitation an express statement that a deductible? In the organization that may receive deductible contributions under section 170(or includes that may receive deductible contributions under section 170(or includes that may receive deductible contributions under section 170(or includes that may receive deductible contributions under section 170(or includes that may receive deductible contributions under section 170(or includes that may receive deductible contributions under section 170(or includes that may receive deductible contributions under section 170(or includes the organization includes that may receive deductible contributions under section 170(or includes that may receive deductible contributions under section 170(or includes the organization includes the organizat	and Finar and Finar and the tax tax shelte 0,000, and at such cor	r other authority over, a ncial account)?	4a 5a		No
finance b If "Yes See in 5a Was the Did ar c If "Yes Solicit b If "Yes Solicit b If "Yes Solicit c Dod the provide of Did the Form of If "Yes Solicit of If "Yes Sol	is all account in a foreign country (such as a bank account, securities account, or s," enter the name of the foreign country structions for filing requirements for FinCEN Form 114, Report of Foreign Bank the organization a party to a prohibited tax shelter transaction at any time during taxable party notify the organization that it was or is a party to a prohibited to s," to line 5a or 5b, did the organization file Form 8886-T?	and Finang the tax tax shelte	ncial account)?	5a		No
b If "Yes See in	s," enter the name of the foreign country structions for filing requirements for FinCEN Form 114, Report of Foreign Bank the organization a party to a prohibited tax shelter transaction at any time during taxable party notify the organization that it was or is a party to a prohibited to s," to line 5a or 5b, did the organization file Form 8886-T?	and Finar	year? r transaction?	5a		No
See in 5a Was ti b Did ar c If "Yes 6a Does a solicit b If "Yes not ta 7 Organ a Did th provid b If "Yes c Did th Form d If "Yes e Did th f Did th g If the requir h If the 1098- 8 Spons Did a the yes 9a Did th	structions for filing requirements for FinCEN Form 114, Report of Foreign Bank the organization a party to a prohibited tax shelter transaction at any time durin the taxable party notify the organization that it was or is a party to a prohibited to s," to line 5a or 5b, did the organization file Form 8886-T? the organization have annual gross receipts that are normally greater than \$100 any contributions that were not tax deductible as charitable contributions? . s," did the organization include with every solicitation an express statement that x deductible?	ng the tax tax shelte 0,000, and at such cor	year? r transaction? 			
 b Did ar c If "Yes 6a Does to solicit b If "Yes not ta 7 Organ a Did the provide b If "Yes c Did the Form d If "Yes e Did the requir h If the 1098- 8 Sponsolid a the yes 9a Did the 	the organization have annual gross receipts that are normally greater than \$100 any contributions that were not tax deductible as charitable contributions? 5," did the organization include with every solicitation an express statement that x deductible? 6," did the organization include with every solicitation and express statement that x deductible?	tax shelte 0,000, and at such cor	r transaction?			
c If "Yes solicit b If "Yes not ta 7 Organ a Did th Form d If "Yes e Did th f Did th g If the requir h If the 1098-8 Spons Did a the yes	the organization have annual gross receipts that are normally greater than \$100 any contributions that were not tax deductible as charitable contributions?. 5," did the organization include with every solicitation an express statement that x deductible?	0,000, and · · · at such cor		5b		
6a Does a solicit b If "Yes not ta 7 Organ a Did th provid b If "Yes c Did th Form d If "Yes e Did th f Did th g If the requir h If the 1098- 8 Spons Did a the yes	the organization have annual gross receipts that are normally greater than \$100 any contributions that were not tax deductible as charitable contributions?. 5," did the organization include with every solicitation an express statement that x deductible?	at such cor	d did the organization			No
6a Does a solicit b If "Yes not ta 7 Organ a Did th provid b If "Yes c Did th Form d If "Yes e Did th f Did th g If the requir h If the 1098- 8 Spons Did a the yes	the organization have annual gross receipts that are normally greater than \$100 any contributions that were not tax deductible as charitable contributions?. 5," did the organization include with every solicitation an express statement that x deductible?	at such cor	d did the organization			
solicit b If "Yes not ta 7 Organ a Did th provid b If "Yes c Did th Form d If "Yes e Did th f Did th g If the requir h If the 1098- 8 Spons Did a the yes	any contributions that were not tax deductible as charitable contributions?.s," did the organization include with every solicitation an express statement that x deductible?	at such cor	d did the organization	5 c		
not ta 7 Orgai a Did th provid b If "Yes c Did th Form d If "Yes e Did th f Did th g If the requir h If the 1098- 8 Spons Did a the yes	x deductible?			6a		No
a Did the provide b If "Yes c Did the Form d If "Yes e Did the g If the requir h If the 1098-8 Spons Did a the yes b Did the		۵١	ntributions or gifts were	6b		
b If "Yes c Did th Form d If "Yes e Did th f Did th g If the requir h If the 1098- 8 Spons Did a the yes	e organization receive a payment in excess of \$75 made partly as a contributio	c).				
c Did the Form d If "Yes e Did th f Did th g If the requir h If the 1098- 8 Spons Did a the yes 9a Did th	led to the payor?	on and par	tly for goods and services • •	7a		No
e Did th f Did th g If the requir h If the 1098- 8 Spons Did a the ye 9a Did th	s," did the organization notify the donor of the value of the goods or services pr	rovided?		7b		
e Did the f Did the g If the requir h If the 1098- 8 Spons Did a the ye 9a Did the	e organization sell, exchange, or otherwise dispose of tangible personal propert 8282?	ty for whice	ch it was required to file	7c		No
f Did the requir h If the 1098- 8 Spons Did a the ye 9 Did the	s," indicate the number of Forms 8282 filed during the year	7d				
g If the requir h If the 1098- S Spons Did a the ye 9a Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	ersonal be	enefit contract?	7e		No.
 g If the requir h If the 1098- 8 Spons Did a the ye 9a Did the b Did the 	e organization, during the year, pay premiums, directly or indirectly, on a perso	onal bonot	it contract?	7f		No No
requir h If the 1098- 8 Spons Did a the ye 9a Did th	organization, during the year, pay premiums, directly of indirectly, on a personal organization received a contribution of qualified intellectual property, did the or			-'-		NO
8 Spons Did a the ye 9a Did th b Did th		·	Time Form 6000 as	7g		
Spons Did a the yeDid thDid th	organization received a contribution of cars, boats, airplanes, or other vehicles,	, dıd the o	rganization file a Form			
Did a the ye 9a Did th b Did th				7h		
9a Did th	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus ear?	siness hold	lings at any time during			
b Did th				8		
	e sponsoring organization make any taxable distributions under section 4966?		•	9a		
N 6	e sponsoring organization make a distribution to a donor, donor advisor, or rela	aced perso	Mr	9b		
	on 501(c)(7) organizations. Enter	10a				
	ion fees and capital contributions included on Part VIII, line 12 receipts, included on Form 990, Part VIII, line 12, for public use of club facilitie					
	receipts, included on Form 990, Part VIII, line 12, for public use of club facilitie on 501(c)(12) organizations. Enter	=> TOD				
	Income from members or shareholders	11a				
	income from other sources (Do not net amounts due or paid to other sources	114				
	st amounts due or received from them)	11b				
L2a Section		m 990 ın lı	eu of Form 1041?	12a		
b If "Yes	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form					
L3 S ectio	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form s," enter the amount of tax-exempt interest received or accrued during the yea	12b				
			ne instructions for			
	on 501(c)(29) qualified nonprofit health insurance issuers. organization licensed to issue qualified health plans in more than one state? No	ote. See ti		13a		
which	on 501(c)(29) qualified nonprofit health insurance issuers.	n				
	on 501(c)(29) qualified nonprofit health insurance issuers. organization licensed to issue qualified health plans in more than one state? No onal information the organization must report on Schedule O the amount of reserves the organization is required to maintain by the states in the organization is licensed to issue qualified health plans					
	on 501(c)(29) qualified nonprofit health insurance issuers. organization licensed to issue qualified health plans in more than one state? No onal information the organization must report on Schedule O the amount of reserves the organization is required to maintain by the states in the organization is licensed to issue qualified health plans	13b		14a	ı	1
b If "Yes	on 501(c)(29) qualified nonprofit health insurance issuers. organization licensed to issue qualified health plans in more than one state? No onal information the organization must report on Schedule O the amount of reserves the organization is required to maintain by the states in the organization is licensed to issue qualified health plans	13b 13c		144		No

••••	330 (2							l age C
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 to 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched			or a "No	" respo	nse to li	nes
								✓
Se	ction	Check if Schedule O contains a response or note to any line in this Part VI A. Governing Body and Management	•	· · · · ·	• •		<u> </u>	
		Ar coverning body and rianagement					Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a		9			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O						
b	Enter	the number of voting members included in line 1a, above, who are independent	1b		7			
2		ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee?		tionship with any	other	2		No
3		ne organization delegate control over management duties customarily performed by cers, directors or trustees, or key employees to a management company or other l			ervision	3		No
4	Did th	ne organization make any significant changes to its governing documents since the	prior F	orm 990 was filed	?	4		No
5	Did th	ie organization become aware during the year of a significant diversion of the orga	nızatıo	n's assets? .		5		No
6	Did th	ne organization have members or stockholders?				6		No
7a		ne organization have members, stockholders, or other persons who had the power forers of the governing body?	to elec	t or appoint one o	r more	7a		No
b		ny governance decisions of the organization reserved to (or subject to approval by) ns other than the governing body?	mem	bers, stockholders	, or	7b		No
8		ne organization contemporaneously document the meetings held or written actions illowing	undert	aken during the y	ear by			
а	The g	overning body?				8a	Yes	
b	Each o	committee with authority to act on behalf of the governing body?				8b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> C		t be reached at the	e •	9		No
Se	ction	B. Policies (This Section B requests information about policies not requ	ired t	y the Internal R	Revenue	e Code	∍.)	
							Yes	No
		ne organization have local chapters, branches, or affiliates?	٠,			10a		No
	and b	s," did the organization have written policies and procedures governing the activities ranches to ensure their operations are consistent with the organization's exempt p	urpose	s?		10b		
	form?		•		g the	11a	Yes	
		ibe in Schedule O the process, if any, used by the organization to review this Form	990					
		ne organization have a written conflict of interest policy? If "No," go to line 13.				12a		No
	conflic	officers, directors, or trustees, and key employees required to disclose annually interests?				12b		
С	Sched	ne organization regularly and consistently monitor and enforce compliance with the fulle O how this was done	policy •	? If "Yes," describe	e in	12c		
13		ne organization have a written whistleblower policy?	•		•	13		No
14		ne organization have a written document retention and destruction policy?	• •		•	14	Yes	
15	persor	ne process for determining compensation of the following persons include a review ns, comparability data, and contemporaneous substantiation of the deliberation and			dent			
		rganization's CEO, Executive Director, or top management official			•	15a	Yes	
Ь		officers or key employees of the organization			•	15b	Yes	
		s" to line 15a or 15b, describe the process in Schedule O (see instructions)						
	taxabl	ne organization invest in, contribute assets to, or participate in a joint venture or si le entity during the year?			•	16a		No
b	ın join	s," did the organization follow a written policy or procedure requiring the organizat it venture arrangements under applicable federal tax law, and take steps to safegu s with respect to such arrangements?	ard th			16b		
Se	ction	C. Disclosure						
17		ne States with which a copy of this Form 990 is required to be filed▶						
18		MD , NJ , N on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 99 ble for public inspection - Indicate how you made these available - Check all that ap	0, and		s only)			
	_	ble for public inspection. Indicate now you made these available. Check all that ap form website. \square Another's website. $ olimits \square$ Upon request. \square Other (explain in So		a ()				
19	Descri	ibe in Schedule O whether (and if so, how) the organization made its governing do , and financial statements available to the public during the tax year		•	rest			
20	State	the name, address, and telephone number of the person who possesses the organ		's books and reco	rds			
		NALD IRVINE 4350 EAST WEST HIGHWAY 555 BETHESDA, MD 20814 (202) 364-4						

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization no (A)	(B)	yarıızat	JUIT C	Omp		ateu a	пу С	(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related		ne b	o no ox, u n of tor/t	t che unle: ficer rust	s pers	son	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) DONALD IRVINE CHAIRMAN	40 00	х		x				90,496	0	22,345
(2) GENE C SCHAERR PRESIDENT	1 00	х		x				0	0	0
(3) FRED C GIELOW JR VICE PRESIDENT	1 00	х		х				0	0	0
(4) ROGER ARONOFF EXECUTIVE SECRETARY	40 00	х		х				71,800	0	2,229
(5) DAN BACKER DIRECTOR	1 00	х						0	0	0
(6) JOHN ESPOSITO DIRECTOR	1 00	х						0	0	0
(7) JAMES DAVIS DIRECTOR	1 00	Х						0	0	0
(8) JOHN SCHORB DIRECTOR	1 00	Х						0	0	0
(9) FRANK HOWARD DIRECTOR	1 00	Х						0	0	0

compensation from the organization ▶ 0

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) **(F)** Estimated

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours	Name and Title Average hours per week (list any hours for related Average hours per week (list any hours for related											nted f other sation the
	organizations below dotted line) Institutional Trustee Officer Institutional Trustee												organizat relat organiza	ed
												_		
											_			
												_		
41.6	Sub-Total						<u> </u>					\perp		
c T	Total from continuation sheets to Pa	art VII, Sectio		· ·	• .		•		:	162,296		0		24,574
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rec	eıved mo	re than \$10	00,000			
													Yes	No No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>	,		ee, ke	ey eı •	mple •	oyee, o	or hi	ghest cor	mpensated	employee on	3		No
4									4		No			
5	Did any person listed on line 1a receiv services rendered to the organization								-		vidual for	5		No No
Se	ection B. Independent Contract	ors												
1	Complete this table for your five higher from the organization Report comper											npens	sation	
		(A) and business addre									(B)		(C Comper	
	Hame c		-							2 230	,			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

1a Federated campaigns 1a Sederated campaigns 1a Sederated campaigns 1b Sederated campaigns 1b Sederated campaigns 1c Sederated campaigns 1d Sederated camp	(D) Revenue cluded from under sections 512-514
Total revenue Related or Unrelated exempt function revenue exempt function revenue exempt function revenue exempt function revenue exempt exempt function exempt function exempt	Revenue cluded from under sections
The state of the s	512-514
Business Code Description	
## State	
## State	
15 14,942 15 14,942 15 14,942 15 14,942 15 15 14,942 15 15 15 15 15 15 15 1	
## State	
15 14,942 15 14,942 15 14,942 15 14,942 15 15 14,942 15 15 15 15 15 15 15 1	
Business Code Description	
Business Code Description	
Business Code Description	
By Canal De By Can	
3 Investment income (including dividends, interest, and other similar amounts)	
3 Investment income (including dividends, interest, and other similar amounts)	
3 Investment income (including dividends, interest, and other similar amounts)	
3 Investment income (including dividends, interest, and other similar amounts)	
3 Investment income (including dividends, interest, and other similar amounts)	
3 Investment income (including dividends, interest, and other similar amounts)	
3 Investment income (including dividends, interest, and other similar amounts)	
similar amounts)	
5 Royalties	55,787
(i) Real (ii) Personal b Less rental expenses c Rental income or (loss)	
6a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 103,320	
b Less rental expenses c Rental income or (loss)	
c Rental income or (loss)	
(loss) d Net rental income or (loss)	
d Net rental income or (loss)	
(i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses C Gain or (loss) d Net gain or (loss)	
7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses C Gain or (loss) d Net gain or (loss) 103,320	
assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 103,320	
b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 103,320 103,320	
other basis and sales expenses C Gain or (loss) 103,320 d Net gain or (loss) 103,320	
sales expenses C Gain or (loss) 103,320 d Net gain or (loss) 103,320	
d Net gain or (loss)	
	103,320
8a Gross income from fundraising events	
o (not including \$ of contributions reported on line 1c)	
(not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19	
b Less direct expenses b	
c Net income or (loss) from fundraising events	
9a Gross income from gaming activities See Part IV, line 19	
a	
b Less direct expenses b	
c Net income or (loss) from gaming activities .	
10aGross sales of inventory, less returns and allowances	
a 2,870	
b Less cost of goods sold b 5,391	2.524
C Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code	-2,521
Miscellaneous Revenue Business Code 11a	
b	
c	
d All other revenue	
e Total. Add lines 11a–11d ▶	
12 Total revenue. See Instructions	
671,528 0 0 For	

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all co Check if Schedule O contains a response or note to any	_	·	. ,	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21			g	
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	155,800	131,440	15,120	9,240
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	314,800	152,141	53,983	108,676
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	59,181	38,052	8,196	12,933
10 Payroll taxes	36,915	23,736	5,113	8,066
11 Fees for services (non-employees)				
a Management				
b Legal	3,400	3,400		
c Accounting	45,507		45,507	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	37,333	25,314		12,019
12 Advertising and promotion				
13 Office expenses	12,166	7,636	1,645	2,885
14 Information technology	54,310	34,920	7,522	11,868
15 Royalties				
16 Occupancy	109,205	97,193	5,460	6,552
17 Travel	8,931	8,931		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19 Conferences, conventions, and meetings	3,851	3,851		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,304	10,669	2,298	3,337
23 Insurance	3,090	1,987	428	675
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DIRECT MAIL	83,192	8,133	247	74,812

56,236

51,709

28,489

17,327

1,097,746

49,858

24,984

28,489

12,440

663,174

2,474

3,934

1,896

153,823

3,904

22,791

2,991

280,749

Form **990** (2016)

b PRINTING/PUBLICATIONS

c POSTAGE AND DELIVERY

e All other expenses

d SPEAKERS BUREAU EXPENSE

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part IX .			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments		[238,457	2	303,543
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		[4	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L			5		
ts	6	Loans and other receivables from other disqualit section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations apart II of Schedule L	(c)(3)(B), and f section 501(c)(9)		6		
ssets	8	Notes and loans receivable, net			11,475		7,673
As		Inventories for sale or use		ŀ	11,475		8,965
	9	Prepaid expenses and deferred charges			11,033	9	0,905
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	120,167			
	ь	Less accumulated depreciation	10b	84,481	45,990	10c	35,686
	11	Investments—publicly traded securities .			1,862,387	11	1,576,884
	12	Investments—other securities See Part IV, line	11 .		359,802	12	249,965
	13	Investments—program-related See Part IV, line	11 .	.		13	
	14	Intangible assets		[14	

48,092

2,577,238

48.641

56.853

105,494

2,196,586

175,158

100.000

2,471,744

2.577.238

15

16

17

18

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20

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22 23

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33

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41,717

44,775

58,568

103,343

1,849,421

171,669

100.000

2,121,090

2.224.433 Form **990** (2016)

2,224,433

9	A
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Ł	
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33 34

Liabilities 22

Fund Balances

Assets or

Net

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Total assets.Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			671,528
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,097,746
3	Revenue less expenses Subtract line 2 from line 1	3			-426,218
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	,471,744
5	Net unrealized gains (losses) on investments	5			75,564
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2	,121,090
Par	t XII Financial Statements and Reporting				
	Check If Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle			

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

За

3b

No

Form **990** (2016)

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version: **EIN:** 23-7135837

Name: ACCURACY IN MEDIA

Form 990 (2016)

Form 990, Part III, Line 4a: THE AIM REPORT HAS CONTINUED TO PUBLICIZE AND EXPOSE SPECIFIC EXAMPLES OF MEDIA MISREPORTING, INCLUDING INSTANCES WHERE THE MEDIA HAVE COMPLETELY IGNORED IMPORTANT STORIES OR REPORTED THEM IN SUCH BIASED TERMS THAT MEDIA CONSUMERS RECEIVED A SKEWED IMPRESSION OF THE ISSUE THAT BEARS LITTLE RESEMBLANCE TO THE FACTS

Form 990, Part III, Line 4b: ACCURACY IN MEDIA REPRESENTATIVES HAVE RAISED THE ORGANIZATION'S PROFILE CONSIDERABLY BY EXHIBITING ITS PRODUCTS AT NUMEROUS CONVENTIONS AROUND THE COUNTRY, A SITUATION WHICH ALSO PROVIDES THE OPPORTUNITY TO INTERACT WITH MEMBERS OF VARIOUS ASSOCIATIONS WITH SIMILAR INTERESTS.

Form 990, Part III, Line 4c: SPEAKERS BUREAU - RECEIVES A YEARLY GRANT FROM A SINGLE SPONSOR TO SUPPORT EXPENDITURES FOR SPONSORING AND ORGANIZING SEMINARS IN WHICH NOTED SPEAKERS LECTURE ON BIASES IN THE NEWS MEDIA

efile	GR/	APHIC prin	nt - DO NO	F PROCESS	As Filed Data -	<u> </u>		DLN: 9	3493051002318
SCH	IED	ULE A		Public C	harity Statu	s and Pul	olic Supp		OMB No 1545-0047
(For	m 990		Com		ganization is a sect				2016
990E	(Z)			•	4947(a)(1) nonexe ▶ Attach to Form 9				2010
		the Treasury	► Info	rmation about	Schedule A (Form			uctions is at	Open to Public Inspection
Name	of th	ne organiza	tion		<u> </u>			Employer identific	<u> </u>
CCUR	ACY IN	MEDIA						23-7135837	
Par					s (All organization			See instructions.	
	rganız		•		it is (For lines 1 thro	•		(A) (1)	
1		,		·	ociation of churches			(A)(I).	
2)(A)(ii). (Attach Sch	•	• • • • • • • • • • • • • • • • • • • •		
3		•	•	•	ce organization descr				
4		name, city,	and state	-				170(b)(1)(A)(iii). E	·
5	Ш		ition operated (iv). (Complet		of a college or univer	sity owned or op	erated by a gov	vernmental unit descri	bed in section 1/0
6		A federal, s	tate, or local	government or q	governmental unit de	scribed in sectio	on 170(b)(1)(A	4)(v).	
7				mally receives a vi). (Complete l		s support from a	governmental (unit or from the gener	al public described in
8		A communi	ty trust descri	bed in section	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					scribed in 170(b)(1) e instructions Enter f			with a land-grant coll college or university	ege or university or a
LO	✓	from activit	ies related to income and u	its exempt fund	tions—subject to cert ss taxable income (le	ain exceptions, a	and (2) no more	is, membership fees, as than 331/3% of its su sses acquired by the c	pport from gross
11	П				exclusively to test for	r public safety S	ee section 509)(a)(4).	
12		more public	ly supported	organizations de		09(a)(1) or sec	tion 509(a)(2	s of, or to carry out the state of the section 509(as 12e 12f and 12g	
а		Type I. A so	supporting org n(s) the powe	janization opera	ted, supervised, or co	ontrolled by its s	upported organı	zation(s), typically by of the supporting orga	
b		Type II. A manageme	supporting or nt of the supp	ganization supe	tion vested in the san			organization(s), by ha ge the supported orga	
С		Type III fo	unctionally ii	n tegrated. A su				nd functionally integra	ted with, its
d		functionally	integrated T	he organization		fy a distribution i		th its supported orgar d an attentiveness req	
e		Check this	box if the orga	anization receive	•	ation from the II	RS that it is a Ty	/pe I, Type II, Type II	I functionally
f	Enter	-		organizations	g. acea supporting	o. gamzation			
g	Provid	de the follow	ing informatio	on about the sup	pported organization(s)			
(i)Na	ame of	f supported o	organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governir	ation listed in	Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Total		unale DI-	Alam Art No.	ce, see the In	-tt	Cat No 11285	<u> </u>	 Schedule A (Form 9	00 000 57) 3011

Sch	nedule A (Form 990 or 990-EZ) 2016						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	id 170(b)(1)(A	(vi)
	(Complete only if you ch	ecked the box o	on line 5, 7, 8, o	r 9 of Part I or	f the organization	on failed to quali	
	III. If the organization fa	ails to qualify un	der the tests lis	ted below, plea	se complete Par	t III.)	
<u>S</u>	Section A. Public Support		ı	1		1	
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
_	line 4 Section B. Total Support						
	Calendar year	1					
	(or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9							
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)						_
11							
	10 Gross receipts from related activities,	etc (see instruction	l ne)			12	
13	First five years. If the Form 990 is fo					_	
	check this box and stop here					<u> ▶ L</u>	
	Section C. Computation of Public	• •					
	Public support percentage for 2016 (III			column (f))		14	
	Public support percentage for 2015 Sc					15	
16a	a 33 1/3% support test—2016. If the				ne 14 is 33 1/3% o	r more, check this	
	and stop here. The organization quali						▶ □
b	• • •				and line 15 is 33 i	./3% or more, chec	_
	box and stop here. The organization				12 16 16-		▶□
17a	a 10%-facts-and-circumstances test is 10% or more, and if the organizatio						
	in Part VI how the organization meets						
	organization					- ••	►□
h	10%-facts-and-circumstances tes	st—2015. If the o	rganization did not	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	, –
	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization	on meets the "fact	s-and-circumstanc	es" test. The orga	inization qualifies	as a publicly	_
	supported organization						ightharpoons
18	Private foundation. If the organizati	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this box	and see	
	instructions						▶ ⊔
					Schedu	le Δ (Form 990 o	r 990-F7\ 2016

Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Support Schedule for Organizations Described in Section 509(a)(2)

	ection At I abile bappert						
	Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,364,692	358,397	513,763	608,275	514,942	3,360,069
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,387	4,804	8,522	2,816	2,870	24,399
3	Gross receipts from activities that are not an unrelated trade or						

	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,387	4,804	8,522	2,816	2,870	24,399
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,370,079	363,201	522,285	611,091	517,812	3,384,468
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3						

5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,370,079	363,201	522,285	611,091	517,812	3,384,468
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b						0
8	Public support. (Subtract line 7c from line 6)						3,384,468
Se	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f) Total
9	Amounts from line 6	1,370,079	363,201	522,285	611,091	517,812	3,384,468
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	67,062	80,413	74,415	68,995	55,787	346,672
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,						

	3 received from disqualified persons						U
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b						0
8	Public support. (Subtract line 7c from line 6)						3,384,468
Se	ction B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2016	(f)Total
9	Amounts from line 6	1,370,079	363,201	522,285	611,091	517,812	3,384,468
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	67,062	80,413	74,415	68,995	55,787	346,672
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	67,062	80,413	74,415	68,995	55,787	346,672
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		5,196	3,615	519		9,330
13	Total support. (Add lines 9, 10c, 11, and 12)	1,437,141	448,810	600,315	680,605	573,599	3,740,470
14	First five years. If the Form 990 is for check this box and stop here	the organization's	first, second, thii	rd, fourth, or fifth	tax year as a sec	tion 501(c)(3) org	anization, ▶ □

8	Public support. (Subtract line 7c from line 6)							3,384,468
Se	ection B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 20	16	(f)Total
9	Amounts from line 6	1,370,079	363,201	522,285	611,091		517,812	3,384,468
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	67,062	80,413	74,415	68,995		55,787	346,672
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	67,062	80,413	74,415	68,995		55,787	346,672
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		5,196	3,615	519			9,330
13	Total support. (Add lines 9, 10c, 11, and 12)	1,437,141	448,810	600,315	680,605		573,599	3,740,470
14	First five years. If the Form 990 is fo	r the organization	's fırst, second, th	ırd, fourth, or fıftl	h tax year as a se	ction 501(c)(3) oı	rganızatıon,
	check this box and stop here							▶ □
Se	ection C. Computation of Public	Support Perce	ntage				•	
15	Public support percentage for 2016 (li	ne 8, column (f) di	vided by line 13,	column (f))		15		90 480 %
16	Public support percentage from 2015 S	Schedule A, Part II	II, line 15			16		91 340 %
Se	ection D. Computation of Invest	ment Income	Percentage					

Se	ction D. Computati	on of I	nvestm	ent Ind	come Pe	rcentac	ie						
16	Public support percent	age from	1 2015 Sc	hedule A	, Part III,	line 15					16		91 340 %
		-	`	,	` '	,	,	`	,,		1	1	JO 100 /0

16 Fubile support percentage from 2013 Schedule A, Fait III, line 13	16	91 340 %
Section D. Computation of Investment Income Percentage		
Total Control of the		

Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))

17 9 270 %

18

Investment income percentage from 2015 Schedule A, Part III, line 17 18

8 300 %

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19a 331/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

ightharpoonsnot more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2016 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10b

Schedule A (Form 990 or 990-EZ) 2016

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Schedule A (Form 990 or 990-EZ) 2016

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 2

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)

below 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b

supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ) 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

the organization had excess business holdings)

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

10a

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

0	art IV Supporting Organizations (continued)			
	Supporting Organizations (continued)		Yes	No
			res	NO
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
S	Section B. Type I Supporting Organizations			1
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
•		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
S	Section C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		Yes	No
		_		
		1		
S	Section D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
	, ,	3		
S	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	a The organization satisfied the Activities Test Complete line 2 below	•		
	b The organization is the parent of each of its supported organizations Complete line 3 below			
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınetru	ctions)	
		mstru	ctions	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the			
	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	-0		
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		

_	Add lifes 1 through 5			
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		

а	Average monthly value of securities	la	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	

Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 6 temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-FZ) 2016

Schedule A (Form 990 or 990-EZ) (2016)

c Excess from 2014.

d Excess from 2015.

e Excess from 2016. . . .

Schedule A (!	Form 990 or 990-EZ) 20	:016	Page 8					
Part VI	Provide the explana lines 1, 2, 3b, 3c, 4 line 1; Part IV, Sec Section B, line 1e;	Iformation. Inations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete thonal information. (See instructions).	ion C,					
	Facts And Cırcumstances Test							
990 Sched	lule A, Supplement	tal Information						
Ret	urn Reference	Explanation						
	SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER AMOUNT \$ 519 2016 AMOUNT \$ 0 2013 AMOUNT \$ 5,196 2014 AMOUNT \$ 3,615 2015							

INCOME

Schedule A (Form 990 or 990-EZ) 2016

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(Form 990)

Department of the Treasury

As Filed Data -

DLN: 93493051002318

OMB No 1545-0047

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Open to Public Inspection

	me of the or				Emp	loyer ide	entificatio	n numb	er
ACC	LURACY IN MEL	DIA			23-7	135837			
Pa		ganizations Maintaining Donor nplete if the organization answere			s or Acc	ounts.			
		•	(a) Donor advised	funds	(b)	Funds and	d other acc	ounts	
L	Total num	nber at end of year							
2	Aggregate year)	e value of contributions to (during							
3	Aggregate	e value of grants from (during year)							
1	Aggregate	e value at end of year							
5		anization inform all donors and donor a he organization's property, subject to t			r advised			Yes	
5	used only f	anization inform all grantees, donors, a or charitable purposes and not for the impermissible private benefit?				rpose		Yes	
Pa	rt III Cor	nservation Easements. Complet	e if the organization ar	nswered "Yes" on F	orm 990,	Part IV	, line 7.		
L	Purpose(s)	of conservation easements held by the	e organization (check all th	nat apply)					
	Prese	rvation of land for public use (e g , rec	reation or education)	Preservation of	f an histori	cally imp	ortant land	area	
	☐ Proted	ction of natural habitat		☐ Preservation of	f a certified	l historic	structure		
	Prese	rvation of open space							
2		nes 2a through 2d if the organization hon the last day of the tax year	neld a qualified conservati	on contribution in the	e form of a		ation at the End	of the Y	ear /
а	Total numb	er of conservation easements			2a				
b	Total acrea	ge restricted by conservation easement	ts		2b				
c	Number of	conservation easements on a certified	historic structure included	ın (a)	2c				
d	structure lis	conservation easements included in (c) sted in the National Register			2d				
3	Number of tax year ▶	conservation easements modified, trar	nsferred, released, extingu	iished, or terminated	by the org	anızatıon	n during the	!	
1	Number of	states where property subject to conse	ervation easement is locat	ed ▶	_				
5	Does the or and enforce	rganization have a written policy regard ement of the conservation easements i	ding the periodic monitorii t holds?	ng, inspection, handli	ing of viola	tions,	☐ Yes	□ N	o
5	Staff and v	olunteer hours devoted to monitoring,	inspecting, handling of vio	plations, and enforcin	g conserva	ition ease	ements duri	ng the y	ear ear
7	Amount of ▶ \$	expenses incurred in monitoring, inspe	ecting, handling of violation	ns, and enforcing con	servation	easement	ts during th	e year	
3		conservation easement reported on lin i 170(h)(4)(B)(ii)?	e 2(d) above satisfy the re	equirements of sectio	n 170(h)(4	l)(B)(ı)	☐ Yes	□ N	0
•	balance she	, describe how the organization report eet, and include, if applicable, the text	of the footnote to the org		•	•	and	,	J
ar	t IIII Org	ation's accounting for conservation eas ganizations Maintaining Collect	tions of Art, Historica		Other Sir	nilar As	sets.		
		nplete if the organization answere nization elected, as permitted under SF		•			bt	warler at	<u> </u>
La	art, historic	ral treasures, or other similar assets he Part XIII, the text of the footnote to it:	eld for public exhibition, ed	lucation, or research	ın furthera				ı
b	historical tr	nization elected, as permitted under SF easures, or other similar assets held fo mounts relating to these items							
((i) Revenue II	ncluded on Form 990, Part VIII, line 1				▶ \$			
(i	ii)Assets ıncl	uded in Form 990, Part X				▶ \$			
2		nization received or held works of art, I mounts required to be reported under :			financial ga	in, provi	de the		
а	Revenue in	cluded on Form 990, Part VIII, line 1	•			▶ \$			
h	Accete incli	ided in Form 990 Part X				- -			

Cat No 52283D

Schedule D (Form 990) 2016

Par	t IIII	Organizations Main	ntaining Col	lections of Art	, Histor	ical T	reas	ures, or	Other	<u>Similar A</u>	ssets (continued)	
3		the organization's acquis (check all that apply)	sition, accession	n, and other recor	ds, check	any of	the f	ollowing t	hat are a	significant	use of its	collection	ı
а		Public exhibition			d		Loar	n or excha	ange prog	rams			
b		Scholarly research			e		Oth	er					
c		Preservation for future g	enerations										
4	Provi Part :	de a description of the org	ganızatıon's col	lections and expla	in how th	ey furt	her th	ne organiz	ation's ex	empt purp	ose in		
5		g the year, dıd the organ s to be sold to raıse funds								ılar	☐ Ye	s 🗆	No
Pa	rt IV	Escrow and Custoo Complete if the orga X, line 21.			orm 990), Part	IV,	line 9, or	reporte	d an amo	unt on F	orm 990	, Part
1a		e organization an agent, t ded on Form 990, Part X?		an or other interm	nediary foi	contri	butio	ns or othe	er assets i	not	☐ Ye	s 🗌	No
b	If "Y€	es," explain the arrangem	ent in Part XIII	and complete the	following	table				į.	mount		_
С	Begir	ning balance							1c				
d	Addıt	ions during the year							1d				
е	Dıstrı	butions during the year							1e				
f	Endır	g balance							1f				_
2a	Dıd tl	ne organization include ar	n amount on Fo	rm 990, Part X, lıı	ne 21, for	escrov	v or c	ustodial a	ccount lia	ibility?	☐ Ye	s 🗌	No
b	If "Y∈	s," explain the arrangeme	ent in Part XIII	Check here if the	e explanat	ion has	s beei	n provided	d in Part)	(III		. \square	
Pa	rt V	Endowment Funds	. Complete ıf	the organizatio	n answe	red "Y	es" c	n Form	990, Par	t IV, line :	10.		
				(a)Current year		rior yea	$\overline{}$	(c)Two ye	ears back	(d)Three ye		(e)Four ye	
	_	ing of year balance .		98,06	57	10	0,000		100,000		100,000		100,000
		outions		0.51	. 7		1.022		7 677		2 242		2.100
		estment earnings, gains,	and losses	9,5:	1/		1,933		7,677		3,213		2,189
		or scholarships	•										
	and pr	expenditures for facilities ograms		7,58	34				7,677		3,213		2,189
		strative expenses											
g	End of	year balance		100,00	00	98	8,067		100,000		100,000		100,000
2 a		de the estimated percenta d designated or quasi-end	-	ent year end balar	nce (line 1	g, colu	mn (a	a)) held a	s				
b	Perm	anent endowment 🕨 💢 1	.00 000 %										
С	Temp	orarily restricted endown	nent 🕨										
	The p	ercentages on lines 2a, 2	b, and 2c shou	ld equal 100%									
3а	orgar	here endowment funds no nization by	·	sion of the organi	zation tha	t are h	ield a	nd admını	stered fo	r the		Yes	
		nrelated organizations .				•						a(i)	No
b		elated organizations . es" on 3a(ii), are the relat	• • • • ed organization	is listed as require	· · · ed on Sche	 edule R	. ?	• •				ı(ii) 3b	No
4	Desci	ribe in Part XIII the intend	ded uses of the	organization's en	dowment	funds						I	
Pa	rt VI	Land, Buildings, ar											
		Complete if the orga											
	Descri	ption of property	(a) Cost or oth (Investme		ost or other	basis (other)	(c)Accı	imulated d	epreciation	•	(d) Book val	ue
1a	Land												
b	Buildin	gs											
c	Leaseh	old improvements					5,325	5		2,173			3,152
d	Equipn	nent				1	14,842	2		82,308			32,534
е	Other												
Tota	ıl. Add	lines 1a through 1e (Colu	ımn (d) must ed	qual Form 990, Pa	art X, colu	mn (B)	, line	10(c)).		>			35,686

Part VII	Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	e organiz	zation ansv	vered 'Yes' on	Form 990, Par	t IV, line 11b.
	(a) Description of security or category (including name of security)	(b) Bo	ok value	Cos	(c)Method of value of	
(1)Financial	derivatives				,	
(3)Other	neld equity interests		240.065		F	
(A) GOVERN	INTENT SECURITIES		249,965			
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	in (b) must equal Form 990, Part X, col (B) line 12)		249,965			
Part VIII	Investments—Program Related. Complete if t See Form 990, Part X, line 13.	he orgar	iization ans	swered 'Yes' o	n Form 990, Pa	art IV, line 11c.
	(a) Description of investment	(b)	Book value	Cos	(c) Method of v t or end-of-year	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered	'Vos' on E	orm 000 Bo	ort TV June 11d	Soc Form 000 D	art V. lina 15
	(a) Description	163 0111	01111 330, 1 a	it IV, iiile IIu	see rollii 550, r	(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	(h)					
Part X	omn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization are	nswered	'Yes' on Fo	orm 990, Part :	IV, line 11e or	11f.
1.	See Form 990, Part X, line 25. (a) Description of liability		(b) B	ook value		
(1) Federal	income taxes					
	DENT.			50.500		
DEFERRED F	RENT			58,568		
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25)	•		58,568		
2. Liability f	or uncertain tax positions In Part XIII, provide the text of	the footn		rganızatıon's fına		
organization	's liability for uncertain tax positions under FIN 48 (ASC 74	40) Chec	k here if the	text of the footi	note has been pr	ovided in Part XIII 🔽

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Page 4

1,103,137

5,391

1.097.746

1,097,746

Schedule D (Form 990) 2015

Schedule D (Form 990) 2016

Total expenses and losses per audited financial statements .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Other (Describe in Part XIII)

Supplemental Information

Part XI

1

2

а b

d

е 3

а

b

C

Part XIII

5

4

5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 671,528 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

2a

2b

2c

2d

4b

Explanation

5,391

2e

3

4c

5

schedule D (Form 990) 2015	Page 5
Part XIII Supplemental Information (contin	ued)
Return Reference	Explanation

Schedule D (Form 990) 2016

Additional Data

Software ID: Software Version:

EIN: 23-7135837

Explanation

Name: ACCURACY IN MEDIA

Supplemental Information

Return Reference

PART X, LINE 2 FINANCIAL STATEMENT FOOTNOTE REGARDING FIN 48 (ASC 740) AIM EVALUATES UNCERTAINTY IN INCOM E TAX POSITIONS BASED ON A MORE-LIKELY-THAN-NOT RECOGNITION STANDARD IF THAT THRESHOLD IS MET, THE TAX POSITION IS THEN MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIK

ELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT AS OF APRIL 30, 2017 AND 2016, THERE ARE N O ACCRUALS FOR UNCERTAIN TAX POSITIONS IF APPLICABLE, AIM RECORDS INTEREST AND PENALTIES AS A COMPONENT OF INCOME TAX EXPENSE TAX YEARS FROM 2014 THROUGH THE CURRENT YEAR REMAIN OPEN FOR EXAMINATION BY TAX AUTHORITIES

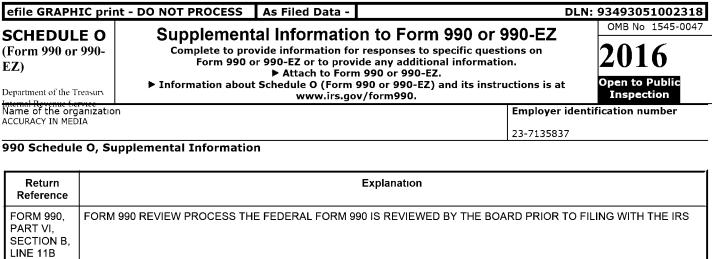
Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD \$5,391

S

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Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD \$5,391

S



Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, DETERMINATION OF OFFICER'S COMPENSATION COMPENSATION IS REVIEWED ANNUALLY AS PART OF THE B UDGETING PROCESS AND APPROVED BY THE BOARD AFTER CONSULTING PUBLIC DOCUMENTS FOR COMPARISO SECTION B, NS WITH LIKE ORGANIZATIONS IN SIMILAR GEOGRAPHIC AREAS

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, ORGANIZATION ARE AVAILABLE UPON REQUEST FOR REVIEW BY THE GENERAL PUBLIC SECTION C, LINE 19

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493051002318 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2016 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** ACCURACY IN MEDIA 23-7135837 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity **(b)** Primary activity (c) Legal domicile (state (d) (e) End-of-year assets Total income or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year		anization answered "	Yes" on Form 990,	Part IV, line 34 be	cause it had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) cor enti	512(b) ntrolled
(1)ACCURACY IN ACADEMIA 4455 CONNECTICUT AVENUE NW	EDUCATIONAL	DC	501(C)(3)	BOX 7		Yes	No No
WASHINGTON, DC 20008					N/A		
For Paperwork Reduction Act Notice, see the Instructions for Forn	1 990.	Cat No 50135	5Y	1	Schedule R (Form	990) 20	16

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)	total income	(g) Share of end-of-year assets	(h) Disproprtionati r allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ral or	(k) Percenta ownersh
								Yes	No		Yes	No	
									+				
									+				
Identification of Related Organ because it had one or more relate						ization ans	wered "Yes	on F	orm 9	 90, Part IV,	line	34	
		s a corporation		st during th	(d) controlling Typentity (C of	(e)	wered "Yes (f) Share of total Income	Share	(g) e of end- year assets) ntage	 Se (1	L3) conti entity
because it had one or more relate (a) Name, address, and EIN of	ed organizations treated a	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Percei) ntage	 Se (1	ection 5: 13) conti entity
because it had one or more relate (a) Name, address, and EIN of	ed organizations treated a	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Percei) ntage	 Se (1	ection 5: 13) conti entity
(a) Name, address, and EIN of	ed organizations treated a	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Percei) ntage	 Se (1	ection 5: 13) conti entity
because it had one or more relate (a) Name, address, and EIN of	ed organizations treated a	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Percei) ntage	 Se (1	ection 5 13) cont entity
because it had one or more relate (a) Name, address, and EIN of	ed organizations treated a	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Percei) ntage	 Se (1	ection 5: 13) conti entity
because it had one or more relate (a) Name, address, and EIN of	ed organizations treated a	s a corporation	on or tru: (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Percei) ntage	 Se (1	ection 5 13) cont entity
because it had one or more relate (a) Name, address, and EIN of	ed organizations treated a	s a corporation	on or tru: (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Percei) ntage	 Se (1	ection 5 13) cont entity
because it had one or more relate (a) Name, address, and EIN of	ed organizations treated a	s a corporation	on or tru: (c) egal micile or foreign	st during th	(d) controlling Typentity (C of	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Percei) ntage	 Se (1	ection 5 13) cont entity

Schedule R (Form 990) 2016					Pa	ge 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes	" on Form 990, Par	t IV, line 34, 35b	, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related	organizations listed in	Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b		No
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1g	\neg	No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1p		No
q Reimbursement paid by related organization(s) for expenses				1 q	Yes	
r Other transfer of cash or property to related organization(s)				1r	\dashv	No
${f s}$ Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this lir	e, including covered r	elationships and tra	nsaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount in	volved	
1)NO TRANSACTIONS ABOVE THRESHOLD						

m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) (b) (c) (d) Name of related organization Transaction type (a-s) Method of determining amount type (a-s)	ount II	nvolved	
(1) NO	TRANSACTIONS ABOVE THRESHOLD			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	Ar or	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	or g	(k) Percentage ownership
İ			514)	Yes	No	ļ ,		Yes	No		Yes	No	
										Schedul	e R (Form	1 990	0) 2016

